

RFI Questions and Answers:

Question: Is it possible to have an extension of the 12-14-07 due date?

Answer: **Yes, this date will be extended until December 21, 2007.**

Question: In the RFI, under proposal contents (IV-B) there is a request for information for Section II-B, Part 2 and there is only a Part 1 listed. Please clarify.

Answer: **There is an error in the RFI. This should read Section II-A, Part 2.**

Question: In order to be eligible to bid during the RFP process, does a company have to submit a response to this RFI?

Answer: **No, however, it will be helpful to MDOC, if you do.**

Question: Dr. Savage, regarding dose consistency, what role beyond patient education do you anticipate in this area if the vendors are not acquiring the medications?

Answer: **Patient education, formulary utilization and development and prescribing practice education.**

Question: What is your current user compliance rate both internal and external on the Serapis EMR?

Answer: **We are estimating compliance at 90% both internally and externally.**

Question: Please specify the current and proposed telemedicine equipment so that vendors can propose appropriate services.

Answer: **The platform is primarily polycom, switches and standardized codes for video conferencing equipment. The peripheral equipment is AMD telemedicine equipment designed primarily for the telemedicine application. No special or proprietary equipment is used.**

Question: Will the NCCHC report on their review be published?

Answer: **It is our intent to put the report on the website.**

Question: Do you think that the findings of the NCCHC audit report would be helpful to vendors trying to solve the MDOC's issues and problems and why not wait until the report is released?

Answer: **RFP will come out after the NCCHC report and recommendations from this report will be incorporated into the RFP.**

Question: Will a contract be awarded based on responses to the RFI or will a subsequent RFP be forthcoming?

Answer: **A subsequent RFP will be forthcoming.**

Question: If an RFP is to be released, will vendors' responses to the RFI be held confidential until after the RFP process?

Answer: **Yes**

Question: What regions is the MDOC planning to bid out.

Answer: **The entire state.**

Question: What happened to the RFP? There are a lot of rumors; four plans put a lot of work into meeting the requirements and in good faith submitted an RFP. If an RFI is not submitted, will that have an impact on a provider who would submit a bid under an RFP?

Answer: **The RFP that was issued in the summer has been canceled and is no longer in existence.**

Question: Regarding the previous RFP (#07117200254) exactly what is the status? If it is still active and could result in awards, what is the purpose of this meeting?

Answer: **It has been canceled.**

Question: Will you distribute the sign in sheet to promote partnership discussion prior to the RFP?

Answer: **It will be posted on the MDOC website.**

Question: Will the actuary data and the formulary be shared?

Answer: **These items are in the packets that were handed out and will also be posted on the MDOC website.**

Question: Can you distribute Dr. Chavez's presentation?

Answer: **Yes, it will be posted on the MDOC website.**

Question: Can the MDOC email to today's RFI presentation attendees, the EMR RFP?

Answer: **Lia Gulick will email attendees when the EMR RFP has been posted and will direct them to the website. It will also be posted on the MDOC website.**

Question: Will the RFP be released prior to publishing the NCCHC report?

Answer: **No, the NCCHC report will be submitted to the MDOC prior to the end of the calendar year, and NCCHC recommendations will be incorporated into the RFP.**

Question: When will responses be provided to questions that were submitted prior to the RFI presentation meeting?

Answer: **These questions will be answered today and they will also be posted on the MDOC website.**

Question: Would it be possible to send attendees of this meeting a copy of the current CMS and PharmaCorr contracts with MDOC?

Answer: **The contract will be available on the MDOC website.**

Question: Explain what and how much MDOC would assist financially in the development of secure units in acute care settings in communities near facilities.

Answer: **The MDOC will be willing to assist in obtaining secure hospital beds, providing the security and infrastructure costs.**

Question: What responsibility will vendors have for costs beyond costs for on-site staff such as pharmacy, hospitalization, telemed, etc?

Answer: **Those costs will be the responsibility of the contractor.**

Question: RFI says to submit electronically, to who?

Answer: **Lia Gulick**

Question: Under the current system, what is the total number of providers (MD, PA, NP) covered by the \$12 million budget?

Answer: **86.8 positions. 54.3 are Physicians and 32.5 are Mid-levels.**

Question: The FY08 budget is \$250 million with \$85 million offsite, \$12 million for MD, PAs and NPs and \$36 million for Pharmacy totaling \$133 million. What specifically does the remaining \$117 million cover?

Answer: **The \$117 million includes Civil Service employees consisting of clinical staff including: Nurses, Pharmacy Assistants, Psychologists, Administrative and clerical staff, office equipment and supplies, etc.**

Question: Pharmacy utilization. If the managed care companies can not control the PIPM, why not carve that part out?

Answer: **MDOC wants the contractor to act as the pharmacy utilization specialist to control cost of pharmaceuticals through prescription practices. In the handout packets, the top most prescribed drugs by costs and volume are listed.**

Question: Why can't the HMOs bid their pharmacy vendors per the state specifications?

Answer: **The MDOC has a contract for pharmaceuticals that cannot be utilized by non state agencies. Additionally, we believe by having one contractor we can monitor utilization and prescribing practices more efficiently. If you have an alternative proposal Include it in your written response. Your proposal must include how you would ensure consistency in drugs, pricing, and utilization management across the state.**

Question: Who covers the cost of transportation to urgent/emergent offsite appointments and routine offsite appointments?

Answer: **The contractor will be expected to cover all urgent/emergent offsite appointments and MDOC covers all transportation costs for routine offsite appointments.**

Question: Does the \$36 million pharmacy budget include medical and psychological services costs and are these services covered under this RFI?

Answer: **Yes the \$36 million pharmacy budget included medical and psychological drugs. The psychotropic drugs are the responsibility of the MDOC and are not part of the RFI.**

Question: Do the psychotropic drug costs pass through to the medical vendor?

Answer: **No, the MDOC pays for psychotropic drugs.**

Question: Will the HMOs pay the state for drugs or will it be netted out of the PIPM?

Answer: **MDOC will pay for the drugs costs. The PIPM will be paid upfront and the actual drug costs will be netted against the next months PIPM payment. The reason for this payment process is that MDOC has a contract for pharmaceuticals that cannot be utilized by non state agencies. Additionally,**

we believe by having one contractor we can monitor utilization and prescribing practices more efficiently. If you have an alternative proposal include it in your written response. Your proposal must include how you would ensure consistency in drugs, pricing, and utilization management across the state.

Question: Why is pharmacy provided by an external provider if MDOC is looking for a managed care solution?

Answer: **For the reasons mentioned above, the contractor will be responsible for the cost of the drugs and MDOC will act as the Pharmacy Benefit Manager.**

Question: Referencing the Milliman data (page 1 of 9 – Summary of Claims & Trends- Overall has off site subtotal PIPM of 96.66. This times inmate years of 51524 times 12 equals annual cost of 59.8 million. Why would they be so much lower than the figure provided for current off site care of \$85 million?

Answer: **The PIPM includes the costs for inpatient and outpatient offsite visits only. It does not include any manual accruals such as; provider network fee, charges incurred but not received (IBNR). It does not include the costs outside of the managed care contract.**

Question: Is the intent of this RFI to potentially change the “HMO model” in the latest RFP or does the MDOC still believe that it will contract with only qualified HMOs and MCOs (Managed Care Organizations).

Answer: **MDOC is asking the vendors to help with this decision.**

Question: What types of telemedicine is currently being provided? Specialties?

Answer: **Nephrology and infectious diseases.**

Question: What specialties are currently delivered on site?

Answer: **This depends on the facility, however most are doing primary care.**

Question: Are HIV patients consolidated at one site?

Answer: **Currently, they are at the Duane Waters Health Center, however, this is under review to determine if this is the best approach.**

Question: As the onsite nurses are state employees and therefore not accountable to either the vendor or the vendor-employed site physicians, how does the MDOC expect the vendor to address any disciplinary issues, e.g., instances of nursing staff not following physician orders?

Answer: **The first way to approach this is through the Health Unit Manager (HUM). Next is the Regional Medical Officer, next is the Regional Health administrator, next is the Assistant Chief Medical Officer and finally the Chief Medical Officer. Generally, if it gets to the Regional office, it is resolved at that point.**

Question: Is there a work plan to address the nursing shortage?

Answer: **MDOC is looking at multiple options through the Nursing Advisory Committee (NAC) and also welcomes vendor suggestions.**

Question: Does MDOC have concerns regarding the transition of RN positions to LPNs.

Answer: **MDOC is looking at what functions each position can do and also welcome input from vendors in this area.**

Question: Who monitors the performance and productivity of the Civil Servant positions, e.g., the nursing staff, pharmacy assistants, secretaries, etc?

Answer: **The HUMs and respective regional staff.**

Question: How does the vacancy rate for RNs and LPNs affect the current vendor's ability to effectively manage care. Don't nurses act as gatekeepers to the physicians?

Answer: **This is a systematic issue where all parts have to work collectively together. Everyone has to support each other to make this an effective process.**

Question: Is rehabilitation one of the goals of the MDOC and is it in the mission statement?

Answer: **Through our Michigan Prisoner ReEntry Initiative (MPRI) process we are incorporating rehabilitation and reentry back into the community as part of the overall treatment.**

Question: What is the current Telemedicine volume by specialties?

Answer: **Emergency evaluations, dietary consultations, involuntary treatment for mental illness are the current areas utilizing telemedicine.**

Question: Will the technical specifications of the EMR be shared so that the HMOs can identify interface costs?

Answer: **The specifications will be addressed in the RFP.**

Question: Would the MDOC support the EMR and Telemedicine software and hardware?

Answer: **Both the Michigan Department of Information Technology (MDIT) and MDOC will support the EMR and Telemedicine software and hardware.**

Question: Does the MDOC expect, and can the community based specialists and hospitals access and use, the MDOC EMR?

Answer: **The goal is for a web-based application.**

Question: Will vendors be afforded access to the EMR from their regional offices as this would be important for VR, QI, etc?

Answers: **The goal is to have a fully web-enabled application.**

Question: Is the MDOC willing to release ultimate medical necessity decisions to the contractor?

Answer: **Yes, this is essential.**

Question: What is the status of the court injunction issued in November of 2006?

Answer: **JMF, a former Hadix site has recently closed, leaving three remaining Hadix sites that are overseen by a court monitor. MDOC is looking at these sites to determine how to provide the optimal care.**

Question: What is the difference between Rx acquisition and Rx utilization expectations associated with this category of service?

Answer: **RX acquisition is one vendor for the entire state and MDOC welcomes comments regarding RX utilization- prescribing patterns.**

Question: When will QA be implemented?

Answer: **The MDOC has a Health Care Improvement Team that is looking at how we can improve health care with the department. As a part of that, a QA Administrative staff is currently being created.**

Question: Who is the responsible health authority at site level in the MDOC system?

Answer: **Currently, it is the HUM.**

Question: When will the MDOC pursue NCCHC accreditation and what would it take to become accredited? How would this impact vendors?

Answer: **The MDOC Quality Assurance (QA) system needs to be up and running and once it is, the NCCHC accreditation should follow shortly.**

Question: Is the MDOC interested in a P4P programs to help improve quality and care of services.

Answer: **Yes**

Question: Will the NCCHC report on the MDOC system be accessible to vendors so that they can understand specific needs of MDOC health delivery system for improvements needed? If so, when and will it be posted on the MDOC website?

Answer: **The NCCHC report will be submitted to the MDOC prior to the end of the calendar year, and NCCHC recommendations will be incorporated into the RFP. It is our intention to post the report on the website when it is made available.**

Question: Who is the current dialysis vendor?

Answer: **Dr. Middlebrook at the Kidney Replacement Center.**

Question: What are the problems or issues with the current primary care specialty on site and off site care vendor?

Answer: **Productivity and consistency, quality of medical providers. The vacancy rate was an issue in the past but seems to be improving.**

Question: What are you buying from vendors?

Answer: **The MDOC is responsible for all medical/durable supplies, computers, etc.**

Question: Does Michigan DOC intent to accredit prisons by NCCHC: Plan and target dates

Answer: **The MDOC Quality Assurance (QA) system needs to be up and running and once it is, the NCCHC accreditation should follow shortly.**

Questions posed during the presentations

Question: Is there a preferred regulatory environment for corrections?

Answer: Not really. The department infrastructure and monitoring abilities need to be considered in determining the environment needed.

Question: Are Michigan facilities accredited with NCCHC?

Answer: Not currently

Question: How prevalent are inmate litigation and what are their rights of litigation?

Answer: Prison litigation reform act changed the landscape. It is now harder for prisoners to claim litigation – deliberate indifference.

Question: Do facilities have mechanisms to deal with complaints?

Answer: Yes facilities have a process. The process includes a 1st level grievance appeal process internal to the department. If not resolved they have options to pursue.

Question: What is the most common privatization model in the country?

Answer: Outsourcing everything to one provider, medical, mental health, pharmacy. Second would be to divide up services to various providers.

Questions Received After the RFI Meeting:

1. Will the State cancel or rescind Request for Proposal (RFP) # 07117200254 now, in favor of an RFP resulting from this informational meeting and/or from vendors' responses to the Request for Information (RFI)? Or, will a contract be awarded as a result of the existing RFP? **The RFP has been canceled. A contract cannot be awarded from an RFI.**
2. If the RFP is not cancelled, will the contract be awarded to one of the four responding HMOs listed on the "Doing Business with the State" website? Or is the State negotiating for an extension of the current contract with the incumbent health services provider (Correctional Medical Services)? **N/A since the RFP has been canceled.**
3. Did the State receive proposals from qualified bidders for each of the regions outlined in RFP # 07117200254? If not, why does the State think the Michigan HMOs chose not to respond to the solicitation? **The RFP has been canceled and the RFI process will be used to determine the best approach for the future RFP for prisoner health care. If you have questions about the canceled RFP you may contact DMB FOIA.**
4. The RFI asks for much of the same information that is typically requested in a correctional health care RFP. If the State issues an RFP as a result of this meeting and/or the RFI responses, will the DOC expect vendors to reproduce their RFI response information a second time? Or, given the comprehensive nature of the RFI, will the RFP responses consist only of pricing and any other additional information not included in our RFI responses? **The state will be issuing a new RFP at the end of the RFI process. The direction the new RFP will go has not been determined yet. After the RFI process the MDOC will evaluate the proposals and develop a new RFP based on the direction determined to be the best approach to delivering health care to MDOC prisoners. We will expect a new written proposal to the new RFP that will also include pricing.**
5. What is the DOC's rationale for utilizing civil servants for all positions except primary care practitioners and specialty care providers? **Michigan Civil Service rules and the state's labor agreements and the Administration's policies do not provide for alternative staffing models with these positions at this time.**
As the onsite nurses are State employees and are therefore not accountable to either the Vendor or the Vendor-employed site physicians, how does the DOC expect the Vendor to address any disciplinary issues, e.g., instances of the nursing staff not following physician orders? **Each facility has a Health Unit Manager that is responsible for managing the on site medical staff. If issues are not resolved at the HUM level the next is the Regional Medical Officer, next is the Regional Health Administrator, next is the Assistant Chief Medical Officer and finally the Chief Medical Officer. Generally, if it gets to the Regional office, it is resolved at that point. If you have comments, concerns, or recommendations we encourage you to include them in your written response.**
6. Who monitors the performance and productivity of the civil servant positions, e.g., the nursing staff, pharmacy assistants, secretaries, etc? **The Health Unit Manager at the facility.**
7. Please explain the thought process behind the DOC's assumption that the regulated HMO model is the best methodology to delivering health care to Michigan state inmates, as this

relegates to a secondary, consultative role the State's best source of expertise and practical experience with the successful operation, clinical management, and cost containment of statewide correctional systems (i.e., companies like Correctional Medical Services, Prison Health Services, Wexford Health Sources, etc.) **This question is more of an opinion than a question. The purpose of the RFI is for vendors to provide feedback on what their approach is to delivering health care to prisoners. Please provide details around your approach.**

8. The State must realize that the major correctional health care companies already operate like staff-model HMOs. What was the rationale behind requiring free-world licensure to bid for the state prison contract? **See response to #8 we are asking for your ideas in your written response to the RFI.**
9. What is the status of the independent review of the prison health care system ordered by Gov. Jennifer Granholm in August 2006? **The written report will be provided to the MDOC by the end of the calendar year and will be publicly available after the first of the year.**
10. What is the status of the November 2006 injunction issued by U.S. District Judge Richard Enslen that indicated medical and mental health care in Michigan prisons do not meet constitutional standards? **The injunction for movement of patients for JMF has been lifted.**
11. What is the status of the 1985 Hadix v. Caruso (formerly Hadix v. Johnson) consent decree pertaining to inadequate medical and mental health care at certain designated prison facilities operated by the Michigan Department of Corrections? **Several issues have been resolved. A court approved movement plan allowed the MDOC to transfer prisoners to other non Hadix facilities, resulting in the closure of some units. The facilities still included in the Hadix order are Charles Egeler, including, RGC, C-Unit, and DWH.**
12. What is the structure of the DOC's Health Services Department (not including site-level employees)? Please provide the following information relating to the DOC's Health Services Department.
 - a. Organizational chart
 - b. Number of positions, by type (e.g., medical doctors, physician extenders, nurses, quality managers, etc.)
 - c. Breakdown of regional structure**The RFI is a conceptual process. The data requested would be part of a subsequent RFP. The current information available may not be the same by the time the new RFP is developed.**
13. Are all HIV patients in the custody of the DOC centrally located at one (or few) facility(s)? If "yes," please identify the facilities. **Yes, they are primarily housed at Duane Waters Health Center.**
14. Are there any limitations to the allowed Scope of Practice for the Civil Servant nurses, i.e., can they administer intravenous (IV) medications? Nasogastric (NG) feedings? Blood products? Total parenteral nutrition (TPN), etc? **The scope of practice allows for nurses to perform these tasks, however, the department does not consistently do these tasks at all**

facilities at this time. We are interested in your comments, concerns, and suggestions on this topic.

15. In its responses to written questions submitted by vendors, will the DOC include answers to those questions that were not addressed at the informational meeting? Or do vendors have to re-submit those questions in writing? **All questions and answers presented at the informational meeting will be answered.**

Re: Questions in response to Request for Information; Prisoner Health Care

In response to Section 2) M. *Transition/Start Up*:

Does the State of Michigan have defined deliverables for the Transition/Start Up Period? **The RFI process encourages respondents to suggest and recommend relevant deliverables that meet the needs of MDOC for project startup accountability and support the selected vendor's ability to successfully transition and integrate the State of Michigan MDOC health care delivery system with their capabilities and organization. Please provide in your written response comments/concerns/suggestions related to the start up plan.**

In response to Section 2) A. *Delivery Model*, Sections B. and C. *On-Site Primary Care* and *Specialty Provider Network* and Section G. *Electronic Medical Record*:

HEDIS reported rates are published annually at the end of June, beginning of July--the rates are always of the previous calendar year service. With this stated:

1) Will contracting agencies be responsible for the previous year's rates? **To the extent these rates are available or can be developed from prior year data, they may form the baseline from which a new MDOC vendor can evaluate, plan for improvement and assess the opportunities for clinical outcome improvements. Respondents are encouraged to provide suggestions & recommendations how this type of clinical data can be best utilized to improve prisoner health and reduce costs.**

2) Will Duane Waters assume the responsibility of assessing for the need of required HEDIS services and deliver them upon intake?

If no to above, will Duane Waters at a minimum screen for the need for services required by HEDIS measures and communicate these needs to the transfer facility? **No, this function will be performed at the reception centers (not Duane Waters) with a joint effort between the MDOC and the respective vendor. The screening done at the reception centers includes: full physiological and behavioral system clinical assessment, identifies current acute care needs and any chronic conditions that must be addressed.**

3) Where does MDOC obtain a benchmark of 80% for all HEDIS measures performance? (eg, the annual NCQA Quality Compass publishes benchmarks based on comparative performance across nation--there is no one benchmark for all measures) **MDOC's goal is to achieve optimal clinical performance in its healthcare delivery systems. By optimizing clinical quality and outcomes, MDOC improves overall inmate security and wellbeing while reducing costs. Respondents are encouraged to suggest population based clinical reference benchmarks that support comparisons to local, regional and national clinical quality outcome measures to support a continuous quality improvement strategy.**

4) Does MDOC use the commercial HEDIS measures?

MDOC does not currently use the commercial HEDIS measures

5) Are the past years' MDOC HEDIS rates published?

MDOC does not currently use the commercial HEDIS measures

QUESTIONS FOR STATE:

1. How will the Third Party Monitor be selected? Will they be agreed upon by both the contractor and the State? Who is responsible for paying the monitor? **The state will either issue an RFP for these services or will utilize an existing state contract for the services. The payment will be the responsibility of the MDOC.**
2. How were the penalties established for the various service levels? Are they negotiable? How will they be monitored and assessed? **The service level agreements are for informational purposes only. The RFI is asking for you to provide feedback with your comments, concerns, and suggestions related to SLA's. Consider and propose mechanisms that align the incentives of both MDOC and the vendor for service level compliance and improved performance.**
3. Is STAT level testing to be provided at all facilities? If not, which are the facilities that will be provided with STAT level testing? **The service level agreements are for informational purposes only. The RFI is asking for you to provide feedback with your comments, concerns, and suggestions related to SLA's. Consider and propose mechanisms that align the incentives of both MDOC and the vendor for service level compliance and improved performance.**
4. In the previous RFP, it was stipulated that there would be exceptions allowed for STAT turn around times when a facility is remote. Will there be exceptions to the time periods required when a facility is not located near a hospital or other testing facility? Will these exceptions be noted in the RFP; i.e. will they be negotiated prior to the issuance of the new RFP? **This will depend on the approach the new RFP takes. The RFI asks for your feedback on this topic. Include in your written response, comments, concerns, and suggestions for improvement to this system.**
5. Regarding the Performance Category bullet two on Panic Values, the reporting time is within two (2) hours. Two (2) hours from when? **The RFI is an informational seeking process that will be used to help develop a future RFP. We are asking for your feedback on this topic including comments, concerns, suggestions, and possible solutions.**
6. Will hard copies of all reports be required to be sent to the ordering facilities, along with the inclusion of the results in the EMR? **The RFI is an informational seeking process that will be used to help develop a future RFP. We are asking for your feedback on this topic including comments, concerns, suggestions, and possible solutions.**
7. Will the State provide the receiving equipment (i.e. Fax Machine) for the receipt of these hard copies? **If you have comments, concerns, suggestions, and alternatives related to this topic include them in your written response to the RFI.**

8. Will the State provide the phone line(s) for this equipment? **If you have comments, concerns, suggestions, and alternatives related to this topic include them in your written response to the RFI.**
9. Will the State allow internet access to site staff so that results may be viewed on-line on a secure web-based system? **If you have comments, concerns, suggestions, and alternatives related to this topic include them in your written response to the RFI.**
10. Regarding Performance Credit: Laboratory is the only specialty service that has its own SLA, with the exception of Nephrology. The Performance Credit (Penalty) imposed upon lab is significantly higher than the other specialty service, and given that there are no SLA's at all for specialty services such as Pharmacy, Radiology and Optometry, will the State be amenable to review of this Performance Credit? **The service level agreements are for informational purposes only. The RFI is asking for you to provide feedback with your comments, concerns, and suggestions related to SLA's. Consider and propose mechanisms that align the incentives of both MDOC and the vendor for service level compliance and improved performance.**
11. Will there be incentives to utilize Michigan-based subcontractors? Will there be incentives to use Women and/or Minority owned businesses as subcontractors? **If you have comments or concerns on this topic please include them with your response.**
12. Will you accept partial responses to the RFI as it relates to one particular area (i.e. lab)? If not, is there an opportunity for communication of ideas and suggestions before the RFP is developed? **Yes, we will accept partial responses to specific areas where you may have suggestions. Please identify partial responses with respect to specific needs of the MDOC, and provide rationale for suggested and recommended responses.**
13. Dr. Chavez provided some national statistics on total costs as well as health care costs per inmate per day. Are these statistics available for Michigan? What is the cost for total inmate care per day (including housing, health care and all other aspects of care)? What is the cost for health care per inmate per day? **The original RFP provided some of this information and you are encouraged to review the actuarial data provided with the RFI documents.**
14. Dr. Chavez indicated that the Responsible Health Authority is one individual at each site who acts as the "captain of the ship". In the Q&A the HUM was identified as the Responsible Health Authority. Is the HUM a physician, a nurse or another health professional? Are they civil service or do they fall under the contractor's responsibility? **The Health Unit Manager is a civil service position. Typically the HUM is a nurse manager.**
15. Realizing that there is an RFP being issued for a new EMR, there are questions related to this function that may not be answered until a new EMR vendor is selected. However, there are issues involving the EMR which will potentially have an impact on the penalties imposed on lab. Therefore, will there be opportunity to discuss these issues with the State prior to the issuance of the RFP and perhaps following the selection of the new EMR vendor to address concerns? **The MDOC hopes to have the EMR vendor**

selected prior to the issuance of an RFP for health services so that there will not be significant unknowns to potential health service vendors. If you have specific concerns, questions, and recommendations, please provide them in your response to the RFI.

Questions Submitted Prior to Meeting:

Question: Regarding RFI Pg 8 IV-B Proposal Contents- Please confirm that under the first bullet point, you intended to require, “State whether all tasks and limitations in Section II-A (not II-B) are included.”

Answer: **Correct, you are to respond to Section II-A #2**

Question: Will there be an extension of the existing CMS contract?

Answer: **The MDOC will continue to ensure health care is provided until the contracts are awarded from a new RFP.**

Question: What is the approximate timeframe for the issuing of a new RFP?

Answer: **We estimate around April 2008.**

Question: What does MDOC plan on having preauthorized?

Answer: **Please provide input on what services/conditions you felt the most need to be preauthorized. i.e. use of narcotics for extended periods.**

Question: Will MDOC have an electronic database in place to perform prior authorization or does MDOC expect that the contractor will develop a database specific to this program?

Answer: **MDOC has an electronic medical record for use.**

Question: What data and metric requirements will MDOC want reported or monitored? And, will MDOC provide the data and metrics or will the contractor need to work with providers of care to develop reports and statistical analysis?

Answer: **Please provide feedback on your comments, concerns, and suggestions related to this topic.**

Question: We assume the scope of work for this contract includes the entire prison population not just the mental health population. Is this assumption correct?

Answer: **Correct assumption**

Question: Who is the current contractor or contractors providing prisoner health care services?

Answer: **CMS**

Question: Has MDOC experienced any challenges, disappointments, etc. over the last contract period with the current contractor or contractors?

Answer: **All contracts have challenges to overcome. We are trying to change the delivery system.**

Question: What is the approximate budget for this contract?

Answer: **\$85 Million for managed care, \$12 million for medical service providers, and \$36 million for pharmaceuticals (including psychotropic meds which are out of scope for this RFI)**

Question: What is the contract term of this project?

Answer: Typically the contract term is 3 years with 2 one year renewals. The term of this contract has not been determined yet.

Question: Will MDOC release an RFP for this contract after reviewing the RFI responses?

Answer: Yes

Question: Can MDOC provide the names of the organizations that submitted bidder's questions?

Answer: The questions and answers will be posted on the web site along with the sign in sheet from the RFI informational meeting.